



Virginia Department of
Behavioral Health &
Developmental Services

Marijuana and Adolescents

A Companionship Headed for Destruction

Substance Abuse Services Council Meeting

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Discussion Points

1. Marijuana – The Drug
2. Synthetic Marijuana
3. Prevalence of Adolescent Marijuana Use
4. Impaction on Adolescent Brain/Maturity Development
5. Intervention/Treatment
6. Family Involvement



Marijuana – The Drug

- The most commonly abused illicit drug in the United States
- Continued to be smoked as “joints” and “blunts”
- Adolescents are also involved in the practice of “dabbing”
- THC levels have steadily increased over the past decades which gives rise to the increase of both short and long term harmful effects of marijuana.

Marijuana – The Drug

- Impairs brain function and alters memory, judgment and motor skills
- Marijuana often is an introduction to the illegal drug culture
- Marijuana use often leads to the use of other more addictive drug use
- Peer pressure and curiosity are the top reasons for beginning marijuana use.

Synthetic Marijuana

- Marketed as K-2 or Spice
- Known as fake pot, Skunk, Moon Rock, Genie, Black Mamba
- A designer drug in which herbs, incense or other leafy materials are sprayed with liquid chemicals to mimic the effect of (THC).

Synthetic Marijuana

- Second most used illicit drug behind marijuana in 2011
- Use in all 3 grades dropped in 2013, and the declines continued into 2014
- In 2014, perceived risk of harm was low but has been rising in 12th graders

Prevalence and Attitude

- Public perception of harmlessness decreases the stigma of use
- Marijuana use is more frequent in high schoolers than cigarette smoking
- Synthetic marijuana - across the counter availability creates a false sense of safety



Monitoring the Future Study

Monitoring the Future Study: Trends in Prevalence of Marijuana/ Hashish for 8th Graders, 10th Graders, and 12th Graders; **2014** (in percent)*

Drug	Time Period	8th Graders <i>Ages 13-15</i>	10th Graders <i>Ages 15-17</i>	12th Graders <i>Ages 17- Above</i>
Marijuana/ Hashish	Lifetime	15.60	33.70	44.40
	Past Year	11.70	[27.30]	35.10
	Past Month	6.50	16.60	21.20
	Daily	1.00	[3.40]	5.80

National Institute on Drug Abuse

National Survey on Drug Use and Health: Trends in Prevalence of Marijuana/ Hashish for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; **2013** (in percent)*

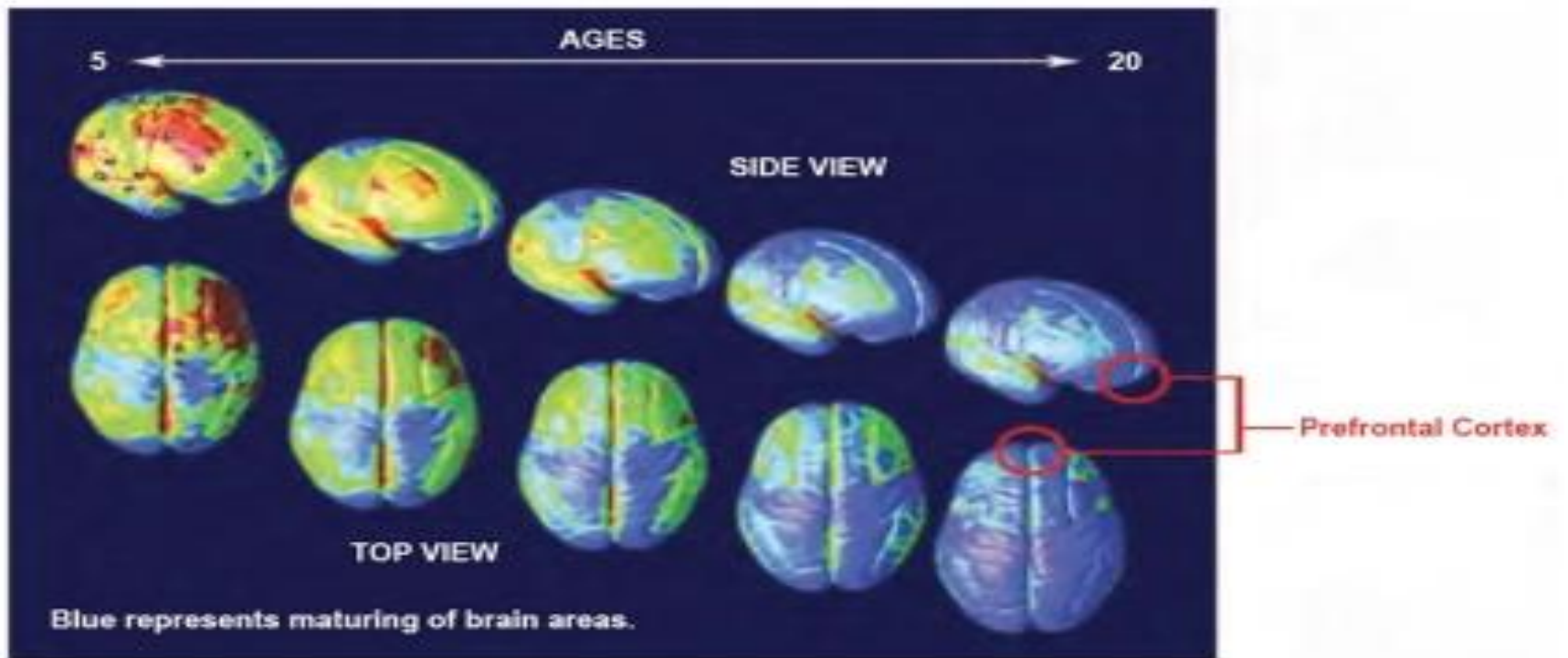
Drug	Time Period	Ages 12 or Older	Ages 12 to 17	Ages 18 to 25	Ages 26 or Older
Marijuana/ Hashish	Lifetime	43.70	16.40	51.90	45.70
	Past Year	12.60	13.40	31.60	9.20
	Past Month	7.50	7.10	19.10	5.60

Relevant Considerations

Reasons For Use

- Peer Pressure
- Increased Availability
- Societal Acceptance of Use
- Family and Family Friend Use
- Social Media, Music, and Hero Influence
- Escape from Life's Realities

The Adolescent Brain – A Masterpiece in Progress



The Brain and Marijuana At A Glance

- Adolescent brain is immature and not fully developed at age 18 and does not full mature until approximately age 25
- Marijuana use slows down/arrests the development and maturation of the brain
- Smoking marijuana may derail the connection between the **judgment, problem solving and emotion centers in the brain**

The Brain – Continued

- Regular use in the early teen years lowers IQ into adulthood, even if users stopped smoking marijuana as adults
- Use impairs critical thinking and memory function

Other Considerations

- Research suggests an *association* between adolescent marijuana use and developing psychosis or schizophrenia later in life.
- marijuana use is likely to increase as state and local policies move toward legalizing marijuana for medical or recreational purposes
- Ability to process select situations is compromised leading to engagement in risky behaviors



The Gateway Drug


Marijuana use in young adults can lead to an introduction into the *drug* culture which in turn can lead to a lifetime emergence into the *addictive lifestyle*.

Separating the Companions for the Good of All

Suggested Treatment Strategies

- **Consider expanding age range to 16-25 for “adolescent treatment.”**
- Clinicians who work with adolescent must be trained and guided by adolescent service delivery.
- **Treatment services should:**
 - 1) *Always be **Youth** guided and **Family** driven*
 - 2) *Increase use of evidence-informed practices that focus on marijuana use among youth (CYT Series)*
 - 3) *Include screening for the presence of mental health disorders*
 - 4) *Encourage active family and natural support involvement*

Family Involvement

- Intervention begins in the home and community
- Recommendations:
 1. Broaden the “family” to be any natural supports
 2. Family members should maintain ongoing communication – Checking in with adolescents about drug use. Have “**The Talk**”
 3. Family members and clinicians consistently emphasize “choice  action” relationship

References

- State Adolescent Substance Use Disorder Treatment and Recovery Practice Guide
<http://nasadad.wpengine.com/2014/10/nasadad-releases-guide-for-states-on-adolescent-treatment-and-recovery/>
- Monitoring Futures
<http://monitoringthefuture.org///pubs/monographs/mtf-overview2014.pdf>
- NIDA - <http://www.drugabuse.gov/drugs-abuse/marijuana>
- Street Drug Identification Guide - streetdrugs.org
- CYT – Cannabis Youth Treatment Series

References

- Adolescent Brain Development and Drug Abuse

http://www.mentorfoundation.org/uploads/Adolescent_Brain_Booklet.pdf



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